Rec'd PGT/PTO

3 1 JAN 2005 U.S NATIONAL STAGE WORKSHEET (DO/EO) U.S. APPL. NO 101522827 INTERNATIONAL APPL. EPZCO APPLICATION FILED BY: 20 MOS., ___ OR 30 MOS., ___ SCREENED BY INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE: International application 109 annexes to IPER Article 19 amendments PCT/IS A/210 (Search report) Priority Document(s) Nd. Scarch report References Request Form PCT/RO/101 Other Papers filed Inventor PCT/IB/302 PCT/IB/304 WIPO PUBLICATION PCT/IB/306 PUBLICATION NO. HOZUOH 0/3175 PCT/IB/308 PUBLICATION DATE 12 Feb 64 PCT/IB/331 PUBLICATION LANG., Eng. OTHER PCT/IB/ NOT PUBLISHED PCT/IPEA/409 also 4 U.S. only Requested RECEIVED FROM THE APPLICANT: (other than checked above)-----National application basic fee paid Preliminary Amendment(s) filed 3 Express Processing Requested noissimdua bnooss Translation of the International Application Information Disclosure Statement Used the IB copy of the IA second submission Description 2) Assignment : Claims / Forward to Assignment Branch Substitute Specification Miawings_> Foreign Language in drawing Small Butity Statement Article 19 Amendments type_ Approachment used in application Oath/Declaration (date submitted 3) Uc Article 34 Amendment / DN Not executed Amendment used in application Executed DNA Power of Attorney 1194 transaction done Change of Address/ Devence Error loost 35:USC Receipt of Request (PTO - 1399 Transmittal Letter) Date Acceptable oath/declaration received 102(e) Date Date complete 35 USC 371 requirements met DATE NOTICE COMPLETED DO/BO 903 Notice of Acceptance Notice of Missing Requirements DO/BO 905 Notice of A defective oath or declaration O/BO_917_ Notice of defeative response 1BO 916 Notice of defective translation DO/BO 913

Notification of Abandonment

DO/BO 909

REQUEST FOR PATENT FEE REFUND	
1 Date of Request: 4705 2 Serial/Patent # 10/522 827	
3 Please refund the following fee(s):	4 PAPER 5 DATE NUMBER FILED 6 AMOUNT
Filing	\$
Amendment	\$
Extension of Time	\$
Notice of Appeal/Appeal	\$
Petition	\$
Issue	\$
Cert of Correction/Terminal Disc.	\$
Maintenance	\$
Assignment	\$
Vother Search des Adjustment	\$ 0
a Charge for letter claims)	7 TOTAL AMOUNT \$
	8 TO BE REFUNDED BY:
10 REASON:	Treasury Check
Overpayment	Credit Deposit A/C #:
Duplicate Payment	9
No Fee Due (Explanation):	
after search adjustment used # 100.00 for (2) claims	
over freetig.	
11 REFUND REQUESTED BY: Ranglegaf	
TYPED/PRINTED NAME: Kaya Louis (Bastinge) TITLE: Specifica	
SIGNATURE: Ral Bal PHONE: (703) 308-9140	
OFFICE: DO ED	
THIS SPACE RESERVED FOR FINANCE USE ONLY:	
APPROVED:	DATE:

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B